

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>07/12/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>19</i>	<i>8/3/00</i>
RESPONSE FORMALITY REVIEW		<i>69853</i>	<i>8/3/00</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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